

## General

### Title

School safety: percentage of children who attend school perceived as safe.

### Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

## Measure Domain

### Primary Measure Domain

Related Population Health Measures: Environment

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of children who attend school perceived as safe, based on parents' response to the following item on the 2011-12 National Survey of Children's Health (NSCH):

K10Q41: How often do you feel [child] is safe at school? Would you say never, sometimes, usually, or always?

Response choices for the above question are "Never," "Sometimes," "Usually," "Always," "Don't know," and "Refused."

### Rationale

Safety at schools is a major policy goal and is included in Healthy People 2010 guidelines.

Perceived school safety may have direct and mediated effects on child health outcomes. Children who attend schools that are usually/always safe are much more likely to be in better overall health than those

who attend schools which are never safe (85% vs. 63.1%). Improvements in perceived school safety has potential benefits for improving health outcomes for all children, particularly health outcomes assessed and measured in school-based health centers.

## Evidence for Rationale

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: school safety: percentage of children who attend school perceived as safe. 2013 Apr. 12 p.

## Primary Health Components

Perceived school safety; children

## Denominator Description

Children age 6-17 years living in the United States who were enrolled in a school other than home-school in the past 12 months, and for whom a 2011-12 National Survey of Children's Health (NSCH) was completed

## Numerator Description

Children from the denominator whose parents indicated "Usually" or "Always" to the following question on the 2011-12 National Survey of Children's Health (NSCH):

K10Q41: How often do you feel that [child] is safe at school? Would you say never, sometimes, usually, or always?

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

- Nationally, 92.6% of children age 6-17 years attend schools perceived as usually or always safe.
- 86.6% of black, non-Hispanic children, 88.6% of Hispanic children and 96.1% of white, non-Hispanic children attend schools perceived as usually or always safe.
- 84.9% of children living at 0 to 99% of the federal poverty level (FPL), 89.9% of children living at 100% to 199% FPL, 95.2% of children living at 200% to 399% FPL and 97.5% of children living at 400% FPL or above attend schools perceived as usually or always safe.
- 88.4% of children with mother-only households attend schools perceived as usually or always safe while at least 90.5% of children with any other family structure type attend schools perceived as usually or always safe.
- 94.4% of 6-11 year-olds and 90.9% of 12-17 year olds attend schools perceived as usually or always

safe.

## Evidence for Additional Information Supporting Need for the Measure

The National Survey of Children's Health. [internet]. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); [accessed 2013 Dec 20]. [1 p].

## Extent of Measure Testing

The National Center for Health Statistics (NCHS) conducted testing of the 2011-12 National Survey of Children's Health (NSCH) Computer-Assisted Telephone Interview (CATI) to make sure the entire survey instrument was functioning properly. A total of 95,677 surveys were completed nationally for children between the ages of 0 and 17 years. The questionnaire was then revised and finalized based on feedback from participants in these interviews.

The Maternal and Child Health Bureau leads the development of the NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN) survey and indicators, in collaboration with the NCHS and a national technical expert panel. The expert panel includes representatives from other federal agencies, state Title V leaders, family organizations, and child health researchers, and experts in all fields related to the surveys (adolescent health, family and neighborhoods, early childhood and development, etc.). Previously validated questions and scales are used when available. Extensive literature reviewing and expert reviewing of items is conducted for all aspects of the survey. Respondents' cognitive understanding of the survey questions is assessed during the pretest phase and revisions made as required. All final data components are verified by NCHS and Data Resource Center/Child and Adolescent Health Measurement Initiative (DRC/CAHMI) staff prior to public release. Face validity is conducted in comparing results with prior years of the survey and/or results from other implementations of items. No specific reliability results are available for this measure.

## Evidence for Extent of Measure Testing

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. *Vital Health Stat 1*. 2012 Jun;(55):1-149. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: school safety: percentage of children who attend school perceived as safe. 2013 Apr. 12 p.

Section 10: neighborhood and community characteristics. In: Summary of 2007 NSCH pretest results. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); p. 20.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

National Public Health Programs

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

State/Provincial

### Statement of Acceptable Minimum Sample Size

Unspecified

### Target Population Age

Ages 6 to 17 years

### Target Population Gender

Either male or female

## National Framework for Public Health Quality

### Public Health Aims for Quality

Population-centered

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Healthy People/Healthy Communities

### National Quality Strategy Priority

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Not within an IOM Care Need

## IOM Domain

Not within an IOM Domain

## Data Collection for the Measure

### Case Finding Period

Unspecified

### Denominator Sampling Frame

Geographically defined

### Denominator (Index) Event or Characteristic

Geographic Location

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

#### Inclusions

Children age 6-17 years living in the United States, who were enrolled in a school other than home-school in the past 12 months, and for whom a 2011-12 National Survey of Children's Health (NSCH) was completed

#### Exclusions

Unspecified

### Exclusions/Exceptions

not defined yet

### Numerator Inclusions/Exclusions

## Inclusions

Children from the denominator whose parents indicated "Usually" or "Always" to the following question on the 2011-12 National Survey of Children's Health (NSCH):

K10Q41: How often do you feel that [child] is safe at school? Would you say never, sometimes, usually, or always?

## Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Patient/Individual survey

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

2011-12 National Survey of Children's Health (NSCH)

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure, administered in its most recent form (in the 2011-12 National Survey of Children's Health [NSCH]), includes a number of child demographic variables that allow for stratification of the findings by

possible vulnerability:

- Age
- Gender
- Geographic location
- Race/ethnicity
- Health insurance - status, type, consistency, adequacy
- Primary household language
- Household income
- Special Health Care Needs - status and type
- Family structure
- Emotional, behavioral or developmental issues
- Presence of a medical home

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Children who attend schools perceived as safe.

### Measure Collection Name

2011/12 National Survey of Children's Health

### Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

### Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Maternal and Child Health Bureau of the Health Resources and Service Administration - Federal Government Agency [U.S.]

National Center for Health Statistics of the Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

### Funding Source(s)

Maternal and Child Health Bureau of the Health Resources and Service Administration

### Composition of the Group that Developed the Measure

External (non-governmental) technical expert panel members (2006): Paul Newacheck, DrPH, MPP (Chairperson) (University of California, San Francisco); Maja Altarac, MD, PhD (University of Alabama at

Birmingham); Christina Bethell, PhD, MBA, MPH (Oregon Health and Science University); Neal Halfon, MD (University of California, Los Angeles); William Hollinshead, MD (Rhode Island Department of Health); Charles Irwin, MD (University of California, San Francisco); Jeffrey Lobas, MD, MPA (Iowa Child Health Specialty Clinics); Kristin Anderson Moore, PhD (Child Trends); Lynn Olson, PhD (American Academy of Pediatrics); Edward Schor, MD (The Commonwealth Fund); Judith Shaw, EdD, MPH, RN (University of Vermont)

## Financial Disclosures/Other Potential Conflicts of Interest

The Child and Adolescent Health Measurement Initiative is partially supported by Cooperative Agreement 1-U59MC27866 from the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration, U.S. Department of Health and Human Services. No conflicts of interest exist.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2013 Apr

## Measure Maintenance

Every 4 years

## Date of Next Anticipated Revision

No changes anticipated.

## Measure Status

This is the current release of the measure.

This measure updates a previous version: National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2007. 112 p.

The measure developer reaffirmed the currency of this measure in October 2015.

## Measure Availability

Source available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

For more information, contact CAHMI at 615 North Wolfe Street, Room E4640, Baltimore, MD 21205; Phone: 410-955-1848; Fax: 503-494-2473; E-mail: [info@cahmi.org](mailto:info@cahmi.org); Web site: [www.cahmi.org](http://www.cahmi.org)

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## Companion Documents



The following are available:

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. Vital Health Stat 1. 2012 Jun;(55):1-149. This document is available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. 2011-2012 National Survey of Children's Health state and local area integrated telephone survey: frequently asked questions. Atlanta (GA): Centers for Disease Control and Prevention; 2013 Apr. 8 p. This document is available from the [CDC National Center for Health Statistics Web site](#) .

Child and Adolescent Health Measurement Initiative (CAHMI). 2011-2012 National Survey of Children's Health. SPSS code for data users: child health indicators and subgroups, version 1.0. Baltimore (MD): Data Resource Center for Child and Adolescent Health; 2013 Apr. 201 p. This document is available from the [Data Resource Center for Child and Adolescent Health Web site](#) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on October 13, 2011. The information was verified by the measure developer on November 3, 2011.

This NQMC summary was updated by ECRI Institute on May 13, 2014. The information was verified by the measure developer on June 18, 2014.

The information was reaffirmed by the measure developer on October 27, 2015.

## Copyright Statement

No copyright restrictions apply.

## Production

## Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

## Disclaimer

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